



Commercial Worksite Site Hazard Assessments & Site Specific Plan Form

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Project:		Date:	
Location:			
Inspection Team			

Safety Requirements	Satisfactory	On Site Conditions	Satisfactory
Safety Manual		Noise Level Acceptable	
Safety Policy's Posted		Particles in the Air	
First Aid Personnel / Facilities		Lighting Adequate	
First Aid Kit		Temperature OK	
Fire Extinguisher		Wind conditions safe	
Emergency Exits		Falling Objects (Risk of)	
PPE		Stacking of Material	
Warning Signs		Trip Hazard	
Emergency Numbers Posted		Heavy / Light Machinery	
General Housekeeping		Sanitation facilities	
		Power lines	
		Underground Service	
		Electrical Lockout Required	
Site Rules		Fall Protection	
Access Restricted		Proof of Training	
PPE (special requirements)		Pre-inspection of Fall Arrest Equip.	
Security		Site Procedure / Plan < > 25 ft.	
Smoking			
Site Equipment		WHMIS 2015	
Ladders / Scaffolding / Lifts		Proof of Training	
Hoses / Cords / Ropes		Proper Labeling	
Hoisting Equipment		SDS's Current -	
		Asbestos a Concern	
		Flammable / Explosive Products	
		Reactive / Corrosive Products	
Power Tools		Mobile Elevated Work Platform	
Double Insulated or Grounded		Proof of Training	
Specific Training		Equipment Certified	
Safety Guards		Pre-daily Inspections	
Inspected			
OTHER-		Other – Specify	
		OH & S Act	
		Pertaining Regulations	
Silica			
Proof of Training			
PPE			

√ = Acceptable

X = Action Required

N/A = Not Applicable

SITE SPECIFIC PLAN

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MUST BE COMPLETED BY MANAGEMENT PRIOR TO COMMENSING OF PROJECT

#	TASKS	Risk Level L-M-H	HAZARDS/POTENTIAL	CORRECTIVE ACTIONS (CONTROLS)

CORRECTIVE ACTIONS MUST BE IDENTIFIED/RECTIFIED BY THE APPROPRIATE COMPETENT PERSON (APPLICABLE TRADE/S) (REFER TO FRONT PAGE)

Hazard	Corrective Action	Class A-B-C	Completed DATE	By Who

Class A- Likely to cause Death or permanent disability - Class B Could cause serious injury or illness – Class C –Minor Injury / Illness or Property Damage

Comments / Observations

Completed By:	
Manager's Signature:	Date Reviewed: